													1. AUTHORIZATION NO.						
	ATION																		
(Note: See Privacy Act Statement on reverse)						To TITLE					0SF	34	4. SOCIAL SECURITY NO.						
2. TRAVELER (first name, middle initial, last name)						3. TITLE													
WILLIAM M. OROS 5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED:						6A. OFFICE/SERVICE AND DIVISION								EPA-00-028610 6B. CORR. SYMBOL					
626 27 77 1 1 1 91					7 05	7. OFFICIAL DUTY STATION							8. OFFICE PHONE NO.						
636 N Wright Street						1. STITION LEGIT STATION							3128860315						
NAPERVILLE, IL 60563					9. TYPE				110	0. CATEGO		3120000313							
11. TRAVEL PURPOSE (check one)					X ORIGINAL AMENDMENT					X SINGLE LOA			(COST NO COST)						
SITE	VISIT	INFORM MEETIN /EL PURPO	MATION	TRAINING ATTENDANCE	SPE PRE	ECH OR SENTAT	ION CONFI	ERENG	CE EN	NTITLEM	ENT	SPEC MISS	CIAL ION 2	OTHER (SPECIF	-Y)				
E-ENFR	RCMNT	RLD I	rav-no																
							ED OFFICI				.,								
NOTE: DO NOT include any personal sidetrips or modes of trans					· · · · · · · · · · · · · · · · · · ·														
DATE		WEEK-	ITINERARY POINT							IEM RATE IAXIMUM TOTAL		IAL NSE	MODE OF T BETWE		MOI	DE OF LOCAL			
(8	a)	DAY (b)	(c)			97	RATE (d	TE	LODGING	MAXIM	UM RAT		ITINERARY (h)	POINTS		RANSPORTATION (i)			
()			FROM:		31	AIL (C	1)	(e)	(f)	(g)		(11)			(1)				
			RES:	NAPERV	7 T T . T . 1	Н. т	L I												
05/23	3/12	WED		ANAPOLI				61	91	15	52								
05/25		FRI	l	ANAPOLI	•					-	_								
					•									-					
05/25	712	FRI	TO: DEC.	NAPERV	7TTT1		L							-					
03/23) / 12	LIXI	KES.	MAPLIKV	' 1 1 1 1 1	1 1													
YES	NO	14. IS TH	IE EMPLOYE	E MAKING ANY	DEVIAT	IONS F	ROM THE AU	THOF	RIZED ITINE	RARY	FOR PERS	ONA	L CONVENIE	ENCE, TAK	ING				
YES NO 14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement												(If YES,							
	Х			ravel Voucher.)	(11	oto. arry	acviations not	11 1110	adiriorized	itiriciary	requires a	COIII	Jaranive cost c	Statement					
15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED X CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22)																			
16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify														iustify in					
	Х	item 22) 178. MIL POV DE 1950 500 ANY TO NEL DETWEEN TIMED ANY DON'TOO (if VES, check one boy below 1178. MIL HO												MILEAGE RATE HORIZED PER					
	X 17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (if YES, check one box below and complete item 17B) USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT.									F POV HAS		MILE							
		TÓT	HE GOVERNME	NT.		MITED T	O CONSTRUCTI	VE CC		MON CAI	RRIER , justify in it								
	X			NSE UNUSUAL (I NSE IS AUTHO I T BE ITEMIZED EA						(II TEO	, justily iii ie	5111 Z.	2)						
		(2) R	ECEIPTS ARE F	REQUIRED FOR LO	DDGING A	AND EAC	H MEAL OVER \$	25.00.	PENSE MAY I	NOT EXC	SEED 150% (OF TH	IF AMOUNT IN	ITEM 13(d)					
19. TRAVE	LER IS (ch	eck one)	EIMBOROEMEN	TT OK WEALO ALL	20. ME	THOD (OF OBTAINING 9a was checker	COV	имоn car	RIER TI	ICKETS (C	песк	one) 21	OBLI-	A. IN	TIALS			
a. GOV'T b. GOV'T a. IN							UAL b. B	c. GOVE	RNMENT	ОТ	HER	GATED L	B. D <i>F</i>	ATE					
HOL		CHARG DECLIN	SE CARD SEE	c. INFREQUENT TRAVELER		OVERNI HARGE (MENT GO'CH/		MENT CARD	TRANSF TION RE		(e. ite	xplain in em 22)						
22. REMAR													23. EST. CO	ST TO GO	VER	NMENT			
	Item 15: Air travel not used.													COST		0.00			
0504-0084 SEARCH WARRANT B. TOTAL F													B. TOTAL P	;	\$	0.00			
	DIEM AN												C. TOTAL	OTHER	\$	403.50			
ESTIMA COST													\$	403.50					
24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one) 25. ADVAN													25. ADVANO		*	100.00			
a. GOVERNMENT ISSUED CHARGE CARD b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT													AUTHOF	RIZED	\$	0.00			
A SF 1012,	TRAVEL V	OUCHER M	_	RTANT: SAF					_		_		COMPLETIO	N OF TRIP					
26. NEAR	FUND		SANIZATION	BUDGET ACTIVITY	ОВ	JECT ASS	FUNCTION		COST ELEMENT	PF	ROJECT /	C	OST CENTER A		$\overline{}$	COST CENTER B			
ACCOUNT CLASS.	Refer	to a	account	ing det			achmen		(must						re	ferences			
	ב אוח דודי	E OF ALITE	AORIZINIC OF	FICIAL			27B SIGNAT	IIDE	(PRESS E	IRMI ∨	IISE RALI	P∩II	VIT DENI)	27C. DAT	F				
27A. NAME AND TITLE OF AUTHORIZING OFFICIAL 27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN) ASHE - SAC											210. DAI	_							
GENERAL SERVICES ADMINISTRATION														GSA FOR	M 87	(REV. 8/86)			